2016-07-21-03-000901-7

FEC FORM 3X

Use

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 JUL 21 AM 10: 32

Rev. 12/2004

NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. Communities Applied Policy Strategies 7654 Isley Avenue ADDRESS (number and street) Check if different than previously 89147 4003 .as Vegas reported. (ACC) CITY A ZIP CODE A STATE A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** 0057053 OR REPORT (N) (A) TYPE OF REPORT Nov 20 (M11) (b) Monthly Feb 20 (M2) Aug 20 (M8) May 20 (M5) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Oct 20 (M10) Jan 31 (YE) Apr 20 (M4) Jul 20 (M7) April 15 Quarterly Report (Q1) (c) General (12G) Runoff (12R) 12-Day Primary (12P) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Year-End Report (YE) Election on State of July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: **Termination Report** in the (TER) Election on State of 15 2016 04 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Martinez Type or Print Name of Treasurer 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X**

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Communities Applied Police	cy Strategies	
Report Covering the Period: From:	04 / 15 / 2016 To	o: MO7 / 015 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	000	0.00
7. Total Disbursements (from Line 31)	0.00	000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a n	nulticandidate committee. (see FEC FORM 1M)	· · · · · · · · · · · · · · · · · · ·
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Communities Applied Policy Strategies

R	eport Covering the Period: From:	15 2016 To	07 / 15 / 2016		
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other				
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00		
	(ii) Unitemized	0.00			
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	O. O	C. O.		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	anni la mani la	Constitution of the section of the s		
10	Totals to Line 33, page 5)▶	0.00	0.00		
12.	Transfers From Affiliated/Other Party Committees	000	0.00		
13.	All Loans Received	namenganangananganangan mengananganangananganangananganangananga	0.00		
	Loan Repayments Received	0.00	0.00		
13.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	O. O O	0.00		
16.	Refunds of Contributions Made to Federal Candidates and Other	manustamente production de la company de La company de la company d	To resultance of entry historical annual langual annual an		
17	Political Committees Other Federal Receipts	0.00	U. U. U. C. U. C.		
	(Dividends, Interest, etc.)	0.00	000		
10.	(a) Non-Federal Account (from Schedule H3)		0.00		
	(b) Levin Funds (from Schedule H5)	o de la company de la comp O . O . O . O . O . O . O . O . O . O .			
	(c) Total Transfers (add 18(a) and 18(b))	อาการทุกการเกรียกการเกรียกการหรือการหรือการหรือการหรือการหรือการหรือการหรือการหรือการหรือการหรือการหรือการหรือ 0.00	0.00		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	0.00		

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. Disbursements		Total This Period	
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date
	Activity (from Schedule H4)	0.00	
	(i) Federal Share	Comment of the second comments of the second	handined land land land land land land land lan
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	handerellen Dardmedhadbrakerskerskerskerskerskerskerskerskerskers	promise and recombined the section of the control o
	Expenditures	Comments and the second	the contraction with the contraction of the contrac
	(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	innelle and the second and the secon	Samuelle aus de l'archite de l'
23.	Contributions to	C.CO provide the second	marken dans (Abrade and Sanda a
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures	for a large from the color of t	
25.	(use Schedule E) Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	,	toman di mana miti mana di terma di terma mala manda man Tanggaran mangana mangana mangana mangana mangana mangana mangana mangana manda manda manda manda manda manda m	parameters and the confirmation of the confirm
26.	Loan Repayments Made	manufaccallance of the medican of th	
27.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00 f	0.00
	(b) Political Party Committees	O. O O	0.00
	(c) Other Political Committees	house the surface of	the second control of
	(such as PACs)	0.00	the second secon
	(d) Total Contribution Refunds		beautimatical and temporary and temporary 0.00
	(add Lines 28(a), (b), and (c))▶		and the second s
29.	Other Disbursements	0.00	0.00
		herand and the sales administration of the sales and the s	Second Second December and Second Second Second Second Second Second Second
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		marial maria de maria maria maria maria de 10.00
	(i) Federal Share	0.00	U.UU
	(ii) III ovin'i Choro	0.00	0.00
	(ii) "Levin" Share		American de la companya del companya del companya de la companya del la companya de la companya
	With Federal Funds	O. O'O	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	and the section of th	
31.	Total Disbursements (add Lines 21(c), 22,	Once were the construction of the construction	Secure of the security of the
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00°
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	muselmentinantinantematinantinantinantinantinantinanti	Granus Simon disease Sanne Sanno Sanno Sanno Sanno Sena Allera Miller and Anna Simon Sanno
	from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** III. Net Contributions/Operating Ex-**COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 0.00 0.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d)) 35. Net Contributions (other than loans) Ö.ÖÖ 0.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures 0.00 Õ.0Ö (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Mailing Address

Receipt For:

B.

City

Primary

Mailing Address

Receipt For:

Primary

Mailing Address

Receipt For:

Primary

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

City

City

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c **Detailed Summary Page** 13 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies Full Name (Last, First, Middle Initial) Date of Receipt State Zip Code Amount of Each Receipt this Period FEC ID number of contributing 0.00federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ General 0.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt State Zip Code Amount of Each Receipt this Period FEC ID number of contributing 0.0 federal political committee. Occupation Name of Employer Aggregate Year-to-Date ▼ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Zip Code State Amount of Each Receipt this Period 0.00 FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ General Other (specify) w

SCHEDULE B (FEC Form 3X)

Se separate schedule(s) for each category of the Detailed Summary Page (check only one) 21b	26 30b tions tee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies Full Name (Last, First, Middle Initial)	tions
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies Full Name (Last, First, Middle Initial)	tions ee.
NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies Full Name (Last, First, Middle Initial)	
Full Name (Last, First, Middle Initial)	
A. Date of Disbursement	
FURTHER / FORDS / FORDS	
Mailing Address	
City State Zip Code	
Purpose of Disbursement	
Amount of Each Disbursement this	
Candidate Name Category/ Type Category/ Type	0 0
Office Sought: House Disbursement For:	
Senate Primary General President Other (specify)	
☐ President ☐ Other (specify) ▼ State: District:	
Full Name (Last, First, Middle Initial)	
B. Date of Disbursement	
	~
Mailing Address	
City State Zip Code	
Purpose of Disbursement	
Amount of Each Disbursement this	Period
Type Type	. 0 0
Office Sought: House Disbursement For:	
Senate Primary General President Other (specify)	
State: District:	
Full Name (Last, First, Middle Initial)	
C. Date of Disbursement	
	V
Mailing Address	
City State Zip Code	
Purpose of Disbursement	
Candidate Name Amount of Each Disbursement this	Period
Type	0.0
Office Sought: House Disbursement For:	language (
Senate Primary General	
☐ President ☐ Other (specify) ▼ State: District:	
SUBTOTAL of Disbursements This Page (optional)	. 0 0
freeding to the control of the contr	0.0

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) PAGE Control of the Detailed Summary Page FOR LINE 13

			Detailed S	Summary Page	FOR LINE	13 OF FORM 3X
AME OF COMMITTEE (In Full	Communities /	Applied Po	licy Strategi	ies		
LOAN SOURCE Full Name	/Last First Middle Init	<u>ial</u>)		T FIE	ction:	
LOAN SOUNCE Full Name	(Last, First, Wildule IIIIt	iai)			Primary	
				<u> </u>	General	
Mailing Address					Other (specify) -
				-	,	•
City	State	ZIP	Code			
Original Amount of Loan	Cumu	lative Payment	To Date	Balance	Outstanding at	Close of This Period
		2	. 0.	00		0.00
	0.00		U.V Cimelender			
TERMS			· · · · · · · · · · · · · · · · · · ·	 		
Date Incurred	<u> </u>	Date D	ue	Interest Rate		Secured:
LMANA VIONOL VIA		المعموان	ASASASA A		% (apr)	Yes No
	<u></u>	t-c-c-l		handani barb		
List All Endorsers or Guara	• • •	Source				
1. Full Name (Last, First, N	fiddle Initial)		Name of Er	nployer		
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed		allamed an edinamilia	0.0.0
Ony .	Olaic Zii	oode	Outstanding			
2. Full Name (Last, First, M	iddle Initial)		Name of Er	nployer		
, , ,	ŕ					
Mailing Address			Occupation	• • • • •	****	
			Amount		S885-	- January
City	State ZIP	Code	Guaranteed Outstanding	•	<u> </u>	
3. Full Name (Last, First, M	iddle Initial)		Name of Er			
3. Full Name (Last, First, IVI	iddle iiiliai)		Name of Er	ripioyer		
Mailing Address			Occupation			· ,
			Amount	**************************************	- Combondonio	
City	State ZIP	Code	Guaranteed			
			Outstanding	•	Amedian Contra	
4. Full Name (Last, First, M	iddle Initial)		Name of Er	nployer		
Moiling Address			000			· · · · · · · · · · · · · · · · · · ·
Mailing Address			Occupation			
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City	State ZIP	Code	Amount Guaranteed			
			Outstanding			
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				-	malandiani	
UBTOTALS This Period This	Page (optional)	•••••				0.00
See Constitution (See Constitution Constitut						
OTALS This Period (last page	e in this line only)			·· - -	(2) (2)	U. U U
carry outstanding balance onl	y to LINE 3, Schedule [), for this line.	it no Schedule	D, carry forward	to appropriate	line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		- age or concaute o
NAME OF COMMITTEE (In Full) Communiti	es Applied Policy Strategies	FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	0.00 Interest Rate (APR)
Mailing Address	Date Incurred or Established	LOW COOL CONTRACTOR
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	, , , , , , , , , , , , , , , , , , , ,
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	0.00
C. Are other parties secondarily liable for the debt No Yes (Endorsers and guaranto	incurred? prs must be reported on Schedule C.)	
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or No Yes If yes, specify:	tes of deposit, chattel papers,	What is the value of this collateral? 0.00 Does the lender have a perfected security
E. Are any future contributions or future receipts of collateral for the loan? No Yes If	interest income, pledged as yes, specify:	What is the estimated value? 0.00
A depository account must be established pursu to 11 CFR 100.82(e)(2) and 100.142(e)(2).	uant Location of account:	
Date account established:	Address: City, State, Zip:	
F. If neither of the types of collateral described aborthe loan amount, state the basis upon which this		
G. COMMITTEE TREASURER Typed Name Robert Martinez Signature	2	DATE 07 / 01 / 2016
H. Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION. To the best of this institution's knowledge, are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrow. This institution is aware of the requirement complied with the requirements set forth at	the terms of the loan and other informing (including interest rate) no more favorers of comparable credit worthiness.	vorable at the time than those imposed for s which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	

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		se separate	PAGE OF	
Selection Learns		chedule(s) for each	FOR LINE NUMBER: (check only one)	
		nbered line)	(check only one)	
NAME OF COMMITTEE (In Full)	,,,, , ,, ,	<u> </u>	<u> </u>	
· · · · · ·				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
, , , , , , , , , , , , , , , , , , ,		1144.5.0		
Mailing Address				
City State Zip Code	 	-		
Outstanding Balance Beginning This Period				
0.00				
Amount Incurred This Period Payr	nent This Period	Outstandi	ng Balance at Close of This Pe	
	0.00		0.00	
house the of the attendant limiter at the state of the st	U.UU 		U.UU	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
	, ,			
Mailing Address		-		
I Walling Address				
City State Zip Code				
Outstanding Balance Beginning This Period	·			
0.00				
Amount Incurred This Period Payr	nent This Period	Outstandi	ng Balance at Close of This Pe	
	0.00		0. 0	
		el lamenturet	and Direction and was 1 Same In a self-word Sirver	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	Pebt (Purpose):	
•				
Mailing Address		1		
Citata	To Code	_	•	
City State	Zip Code			
Outstanding Balance Beginning This Period		· · · · · ·	· · · · · · · · · · · · · · · · · · ·	
to and the section of	•			
Aces and manufactured Demonstrates and D				
	nent This Period		ng Balance at Close of This Pe	
herealten of Decord Decord Decord Decord Decord Decord	roundered Describerant marks the shown		0.0 ***********************************	
<u> </u>				
1) SUBTOTALS This Period This Page (optional)	.			
-3- (
2) TOTALS This Period (last page this line number only)	>	l Investigação	outDankondantDankoniburiburib	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only	v)		0.0	
-,			and Disarchine and Security of the Control of the C	
4) ADD 2) and 3) and carry forward to appropriate line of Summary	/ Page (last page only) ▶		0.0	

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ **Communities Applied Policy Strategies** 00570531 New report 24-hour report 48-hour report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Date Mailing Address **Amount** City State Zip Code 0.00Purpose of Expenditure Office Sought: House State: Category/ Туре Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 0,00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City Zip Code 0.00 Office Sought: Purpose of Expenditure House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: [Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) 0.00 (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 0.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALE OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies** Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? NO NO YES If YES, name the designating committee: Mailing Address City ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: 0.00 Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: 0.00Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: 0'. 0'0 Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional) TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full) Comm	munities Applied Policy Strategies	
US	SE ONLY ONE SECTION, A or B	
A. State and Local Pa	rty Committees	
Fixed Percentage (selec	ct one)	
Presidential-Only	Election Year (28% Federal)	
Presidential and	Senate Election Year (36% Federal)	
Senate-Only Elec	ction Year (21% Federal)	
Non-Presidential	and Non-Senate Election Year (15% Federal)	
B. Separate Segregate Flat Minimum Federal P	ed Funds and Nonconnected Committees Percentage	
·	ercentage ate using the flat minimum percentage of 50% federal funds, check	
	ling more than 50% federal funds, indicate ratio below	
Federal	0%	
Nonfederal	O%	
This ratio applies to (chec	ck all that apply):	
Administrative G	Seneric Voter Drive Public Communications Referencing Party	Only

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF	

AME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.				
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. 				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodate where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public committed federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%%	0%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0 %	0%		

20-6-07-21-03-00000-31

SCHEDULE H3 (FEC Form 3X)

RANSF	TERS FROM NONFEDERAL ACCURED FEDERAL / NONFEDERAL			PAGE OF
				FOR LINE 18a OF FORM 3X
NAME OF	COMMITTEE (In Full) Communitie	s Applied Policy S	Strategies	
NAME	OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
				O. O O
BREAK	OOWN OF TRANSFER RECEIVED		<u> </u>	Beneralization (Versial Interest Secured Secur
i) T	otal Administrative			
ii) G	Generic Voter Drive		······	O. O O
iii) E	xempt Activities			0.00
iv) D	Direct Fundraising (List Activity or Event Iden	·		
а)		0.00	
Ь		high and an analysis of the same the sa	0.00	
) Total Amount Transferred For Direct Fundra	ioina		Samedana dina di samila mada sanda
	Direct Candidate Support (List Activity or Ev			lancember and the could be an element be could be an element be an element be an element
		transmittering brown house of record	0.00	
")	constituent and land in administration		
b)	Annual Control of Cont	O. O O	
c)	Total Amount Transferred For Direct Candid			
vi) P	ublic Communications Referring Only to F	Party (Made by PAC)		0.00
•		r breakdown of tra		
TOTAL T	his Period (Administrative)	STATE OF THE STATE	analisasi da kanalisasi kanalisasi kanalisasi kanalisasi kanalisasi kanalisasi kanalisasi kanalisasi kanalisas	0.00
TOTAL TI	his Period (Generic Voter Drive)		anang samung	· · · · · · · · · · · · · · · · · · ·
TOTAL TI	his Period (Exempt Activities)			0.00
TOTAL TI	his Period (Direct Fundraising)		1	O. O. O. d.
TOTAL TI	his Period (Direct Candidate Support)			0.00
TOTAL TI	his Period (Public Communications Referring	Only to Party)		0.00
TOTAL T	St. D. S. Lewis Land			0.00

TOTAL This Period (Total Amount Transferred).....

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE		50514.614

NA	AME OF COMMITTEE (In Full) Comr	nunities	Applied Poli	cy Strategi	es
Ā.	Full Name (Last, First, Middle Initial)		· ·		Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				0.00
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	0.00		and Theresis and States of These	0.00	0.00
<u>-</u>	Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·		Allocated Activity or Event:
	Mailing Address	_			Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
					Secretification of Commission of Manual Description of Manual Des
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	L	TOTAL AMOUNT
	0.00		and modern wheerdern	0.00	0.00
c.	Full Name (Last, First, Middle Initial)	Cherry of League Com	and Variation and Sound News		Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			hambardhand	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				Insurelisement Insured Insurelise valdeness of the Assert Insurelise and Insurelise
				Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	0.00		an ang pandisan ng panganan na yang sa mga Panganan Sangan Pangan	0.00	0.00
SI	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	Page NONFEDERAL	SHADE	= TOTAL AMOUNT
	0.00		norshment and something	0.00	0.00
T	DTAL This Period (last page for each line only) FEDERAL SHARE		ire to 21(a)(i) and	NonFederal sh	are to 21(a)(ii)) TOTAL AMOUNT
	0.00	Same Carrain	Manager Control		and the state of t
	hearthman hand has been been bound in selection than the selection				

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

o be used i	by State, District and Loca	l Party Committees	Only)		PAGE OF FOR LINE 18b OF FORM 3X
NAME OF CO	MMITTEE (In Full) Comm	unities Appli	ed Policy	Strategies	
NAME OF A	CCOUNT	DATE OF RECEIPT			NT TRANSFERRED 0.00
BREAKDOV	VN OF THIS TRANSFER				
i)	Voter Registration	Ber meellern inse	VOTER REGISTE		
	Total Amount Transferred for Voter	Registration	and Description of the section of th	0.00	
(ii	Voter ID			OTER ID	
,	Total Amount Transferred for Voter	ID	an endourne Ournet Dames Com	0.0	0
:::\	GOTV			GOTV	
··· <i>)</i>	Total Amount Transferred for GOT	v		เลอี๊ เรามาเป็นเมาเป็นเมาเป็นนาเมโ นเละเ	0.00
•	A	,	term Brianibus	GENERIC CAMP	
IV)	Generic Campaign Activity Total Amount Transferred for Gene	ric Campaign Activity		and an all and a section of the section of	0.00
		, 3		and an anti-large of the same for an anti-large of the same for an anti-large of the same for an anti-large of	Manual countries will be made become
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOU	NT TRANSFERRED
		1000 /			0.00
		accompanies District Control	Second constraint and	WASTE CONTROL OF THE	
	VN OF THIS TRANSFER		VOTER REGISTE	ATION	
i)	Voter Registration Total Amount Transformed for Votes	Pagiotration		0.00	
	Total Amount Transferred for Voter	negistration	Annual Description of the Comment of	OTER ID	
ii)	Voter ID	. ID		0.0	0
	Total Amount Transferred for Voter	· ID	Harris Charles Charles	olone Verein orben i Sun	A-nu-
iii)	GOTV		Providence in	enthemateurschane GOLA	0.00
	Total Amount Transferred for GOT	V	annonformation.	ok Paramilianan Chamallana	Smart Branchman
iv)	Generic Campaign Activity			GENERIC CAMP	Secretariles en Second La caretina card
	Total Amount Transferred for Gene	eric Campaign Activity		calamatera (Domitera dans	0.00
	TOTALS FOR BE	EAKDOWN OF TRANSF	ER RECEIVED (L	ast Page Only)	· · · · · · · · · · · · · · · · · · ·
		yearen - const	System the section of		
TOTAL	This Period (Voter Registration)		Sand Danishandhard Dan	0.00	
			ironiberalin rafteration	e Consultant de la cons	
TOTAL	This Period (Voter ID)			U. U.	
ΤΩΤΔΙ	_ This Period (GOTV)			and the same of th	0.00
IOIAL	(0.100 (0.01)		konsilaradia.	A Daniel Samuel Daniel Daniel Comm	
TOTAL	This Period (Generic Campaign A	ctivity)			0.00
,			East	iner lancal marklematements ano panengananjana	Manadamid medilikan kenada Manadamid medilikan kenada
TOTAL	This Period (Total Amount of Tran	sfers Received)	••••	and the same of These	0.00

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE	30a OF FORM 3X

ALANE OF COMMITTEE (L. F. III)					
NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies					
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address City State Zip Code (MAINING SANCUBURANT)	Allocated Activity or Event Year-To-Date 0.00				
Purpose of Disbursement Purpose of Disbursement Category/ Type	Date / Date				
FEDERAL SHARE + LEVIN SHARE 0.00 0.00	TOTAL AMOUNT 0.00				
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address City State ∠ip Code REMAINSMENSELLEMENTS City State ∠ip Code	Allocated Activity or Event Year-To-Date				
Purpose of Disbursement Category/ Type	Date / Date				
FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT 0.00				
Secretaring and secretaring an	0.00				
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date				
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT 0.00				
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE FEDERAL SHARE + LEVIN SHARE O. 0 0 O. 0 0 O. 0 0 O. 0 0	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT O. 0 0 TOTAL AMOUNT O. 0 0				
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE 0.000	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT O. 0 0 TOTAL AMOUNT O. 0 0				

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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
NAM	E OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	O. O O	0.00		
	(b) Unitemized	O. O O	Company of the compan		
	(c) Total		0.00		
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	0.00 f		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration	0.00	0.00		
	(b) Voter ID	hamadanneliganel Derorderendamed Brookbook Derorde Derord	parate and the same of the sam		
	(c) GOTV	O. O	0.00		
	(d) Generic Campaign	0.00 leading the second and the seco	0.00		
	(e) Total	0.00			
5.	OTHER DISBURSEMENTS	0.00			
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	0.00	0.00		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	O. O O	0.00		
8.	RECEIPTS		O. O O		
9.	SUBTOTAL(Add Lines 7 and 8)	O. O O			
10.	DISBURSEMENTS(From Line 6)	0.00	0.00		
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0.00	0.00		

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

	Aggregation Page	(check only one)
Any information copied from such Reports and Statements may r or for commercial purposes, other than using the name and addr		
/	plied Policy Strategies	
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City Sta	ate Zip Code	0.00
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		0.00
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Receipt
Mailing Address		Amount of Each Possial this Paried
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		0.00
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address		Date of Receipt
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
Mailing Address		Amend of South Street Street
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		and the second s
SUBTOTAL of Receipts This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)		0.00

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)

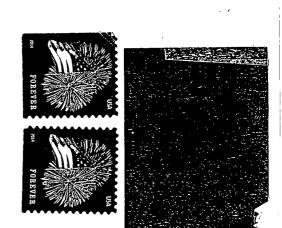
FOR LINE NUMB	ER:	PAG	E	OF
(check only one)	\Box	. 1		
	Ыʻ	4a	— 4c	5
	∐,	4b	4d	

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
/	pplied Policy Strategies	3
Full Name (Last, First, Middle Initial) / Full Organization Name A.	е	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period 0.00
Purpose of Disbursement		and a second
Full Name (Last, First, Middle Initial) / Full Organization Name B.	В	Date of Disbursement
Mailing Address	,	The second secon
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		annon de anno de anno de Sono rello como de ano de Douro de anno administra de Sono e de anno
Full Name (Last, First, Middle Initial) / Full Organization Nam. C.	e	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam D.	е	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		named amount court Security and Security Securit
Full Name (Last, First, Middle Initial) / Full Organization Name	e	
=.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Samuel Securit Description and Security
SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)		0.00

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OMMISSION



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked NONB	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
PREPARER (3/2015)	7 / SI/16 DATE PREPARED